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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. First Named Inventor Original Patent Number Original Patent Issue Date (Month/Day/Year) Express Mail Label No.		25352-0011 Sportsman 5,851,988 Dec. 22, 1998 EL293557474US	
APPLICATION FOR REISSUE OF:					
(Check applicable box)		<input checked="" type="checkbox"/> Utility Patent		<input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent	
APPLICATION ELEMENTS (37 CFR 1.173)			ACCOMPANYING APPLICATION PARTS		
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SBI 56) (Submit an original, and a duplicate for fee processing)			7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)			9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)			10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)			11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney			12. <input type="checkbox"/> Preliminary Amendment		
			13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
			14. Other:		
				
				
15. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label 25213 or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
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